

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
91445297

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* 51	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
2		1		1			52							
3	2		1				53							
4	2		1				54							
5	2		1				55							
6	2		1				56							
7	2		1				57							
8	2		1				58							
9	2		1				59							
10	2		1				60							
11	2		1				61							
12	2		1				62							
13	2		1				63							
14	2		1				64							
15	2		1				65							
16	2		1				66							
17	2		1				67							
18	2		1				68							
19	2		1				69							
20	2		1				70							
21	2		1				71							
22	2		1				72							
23	2		1				73							
24	2		1				74							
25	2		1				75							
26	2		1				76							
27	2		1				77							
28	2		1				78							
29	2		1				79							
30	2		1				80							
31	2		1				81							
32	2		1				82							
33	2		1				83							
34	2		1				84							
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36	2		1				86							
37	2		1				87							
38	2		1				88							
39	2		1				89							
40	2		1				90							
41	2		1				91							
42	2		1				92							
43	2		1				93							
44	2		1				94							
45	2		1				95							
46	2		1				96							
47	2		1				97							
48	2		1				98							
49	2		1				99							
50	2		1				100							
TOTAL IND.			1				T TAL IND.							
TOTAL DEP.			171				TOTAL DEP.							
TOTAL CLAIMS			18				TOTAL CLAIMS							